



Miami-Dade County Public Works Department  
Causeways Division  
2601 Brickell Avenue, Miami, Florida 33129  
Phone: 305-854-2468

---

## ***RICKENBACKER SCHOOL PLAN RENEWAL APPLICATION FORM***

The cost of the Rickenbacker School Plan is \$48.00 per vehicle. This current yearly plan is valid from August 1, 2002 to July 31, 2003. The cost of the annual plan will not be prorated.

*Please check each box next to the corresponding number in order to ensure that all requirements have been met. Failure to meet all requirements will result in returning the application to you and delaying your renewal process.*

### **Directions:**

- ☐ 1. Write the requested vehicle information that corresponds to the electronic device number listed. The vehicle(s) you list must be registered to the account holder listed on the application form.
- ☐ 2. Provide proof that a child is attending a Dade County School located east of the Rickenbacker Toll Plaza. A copy of any of the following is an acceptable form of proof: Current school ID, report card and schedule.
- ☐ 3. Provide a copy of the State vehicle registration for each vehicle on your account.
- ☐ 4. Provide payment in the appropriate amount (\$48.00 for each device).
  - ☐ a. If you decide to pay by personal check, enclose a check made payable to Board of County Commissioners.
  - ☐ b. If you decide to pay by credit card, provide your VISA or MasterCard information in the space provided on the application.
  - ☐ c. If you decide to pay in cash, please visit our sales office located at the Rickenbacker Toll Plaza.

The Causeways Division strongly recommends that you process your completed application by mail and avoid waiting to be processed at the Rickenbacker Causeway Toll Plaza office. Additional toll devices must be purchased in person at the toll plaza office. The toll plaza office working office hours are Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

**In order to avoid any disruption to your electronic passage through the toll plaza, your application must be received at this office before July 1, 2002.**

***Applications may be mailed or delivered to the above address.***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

---

---

## Device # \_\_\_\_\_

Vehicle License Plate: State \_\_\_\_\_ Number \_\_\_\_\_

Device # \_\_\_\_\_

Vehicle License Plate: State \_\_\_\_\_ Number \_\_\_\_\_

Check Amount \$ \_\_\_\_\_ / Check # \_\_\_\_\_

(CIRCLE ONE):                      VISA                      MASTERCARD

Credit Card Information: Amount \$ \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Payment Received Date: \_\_\_\_\_

Credit Card Authorization #: \_\_\_\_\_

Form RICK -SCH Revised 8/02